

**REVOCATION OF POWER OF ATTORNEY WITH
 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/639,108
Filing Date	10-20-2003
First Named Inventor	PHILLIP BLANKENSHIP
Art Unit	3671
Examiner Name	PECHHOLD, ALEXANDRA K.
Attorney Docket Number	731266.02835

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 72766

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 72766

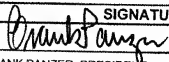
OR

<input type="checkbox"/> Firm or Individual Name			
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I am the:

- ☐ Applicant/Inventor.
- ☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record

Signature			
Name	FRANK PANZER, PRESIDENT		
Date	2-25-08	Telephone	918-524-8109

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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